of the total solids were found to be lower than in normal infants, but not sufficiently lowered to counterbalance the excess in total solids and the small intakes. To balance these factors exceedingly low calcium percentages would have been necessary. An experiment where a normal infant was alternately fed with ordinary breast milk and breast milk fortified with fat demonstrated that a high fat intake may in the breast-fed infant lead to a temporary loss in calcium. The increased fat ingestion was followed by an increased fat excretion. During the experiment the feces took on the appearance of the feces in prematures. It was due to an excess in fat intake. In the prematures there is suggested an insufficiency of the digestive mechanism.

Butter Fat and the Child Weight.—Larson (*Arch. Ped.*, October, 1920) presents data from the weight charts of 10 children selected from a number in an orphan's cottage home. The weights were recorded at intervals of six months during two and a half years. The weights of 3 were incomplete for this period, due to the fact they were discharged before the end of this period, or had not been admitted at the beginning of the study. The cottages have a population of about 30 children, but because of the changes those who had not been for some length of time were not considered, and those who had received medical treatment were also not included. It was observed that there was a gain in weight for each six month period except the fourth. During this period the superintendent in compliance with the request of the Federal Government for food conservation, especially of the animal fats, had substituted oleomargerine for butter in the diet of the children. Nine of these 10 children lost weight during this oleomargerine period. The other child was a girl, who was considerably above the weight and height for her age, but her progress was retarded as compared with her gain during the previous and following periods. The 7 children whose records were complete for two and a half years showed a gain of their combined weights for the first three six month periods, but a loss of their combined weights for the fourth period, which was the time in which oleomargerine was used. There was again an increase of their combined weights for the last fifth-sixth month period, during which butter was again added to their dietary.

The Heart in Scarlet Fever.—Rosenbaum (*Arch. Int. Med.*, October, 1920) studied 1770 cases of scarlet fever. There were 106 patients with recognized cardiac complications, 94 of whom developed these complications during the course of the disease, and 12 were instances of old heart disease. Eighty-eight of these 106 patients or 5 per cent of all the cases had myocarditis. Of these 53 were mild, 31 were moderately severe and 5 were very severe. Myocarditis may occur at any time in the course of the illness, but is most common in the latter days of the acute stage or early in convalescence. Other complications seemed to increase the incidence of myocarditis. It was observed more frequently in the early years of life. Pericarditis was present in 3 cases or 17 per cent. Two of these patients died. Endocarditis was present in 4 cases or 0.22 per cent. Systolic murmurs at the apex were frequently heard, but were usually regarded as functional or relative. The low percentage of endocarditis as compared with the percentages in several other series may be due to the milder type of scarlet fever in which the case mortality was less than 4 per cent. Unless it was very severe old heart disease does not necessarily indicate a serious prognosis in scarlet fever.

A Note on the Occurrence of Congenital Atrio-ventricular Dissociation.—CARTER and HOWLAND (*Bull. Johns Hopkins Hosp.*, October, 1920) report a case at five years of age. A cardiac lesion had been noted at nine months. At the age of two years an electrocardiographic record showed complete heart block. Two years later the diagnosis was confirmed by a different physician. The patient has never experienced shortness of breath, cyanosis, or given any evidence of an impaired myocardium although she plays around as other children do. An electrocardiographic record made in May, 1919, showed complete atrio-ventricular dissociation with an auricular rate of 103 and a ventricular rate of 37. The cardiac rate at that time was from 48 to 52 beats per minute. Seven other cases have been reported in the literature. The diagnoses were made at the ages of seven days to fifteen years. Of these 8 cases, including the present, 3 gave no symptoms; 1 had syncopal attacks; 2 had pain around the heart; 1 had dyspnea and palpitation on exertion; the present case had an occasional stitch in the side on exertion. Six cases had complete dissociation. One case had partial 2 : 1 rhythm. Another had alternating 2 : 1 rhythm and complete dissociation. Marked cardiac hypertrophy was present in 5, and slight in 3. All the cases were free from cyanosis except 1.

Hypopituitarism.—LISSNER (*Endocrinology*, July–September, 1920) reports the case of a child of twenty-three months, who was normal until the ninth month. At that time he began to gain rapidly in weight. Symptoms began with convulsions of flexor type, and these continued up to within one month of his death. There was no diabetes or glandular trouble in the family. The eyes showed edema of the retina but the throat was negative. There was a marked muscular dystrophy with profound facial cyanosis, diminutive external genitalis, doubling of weight in the third year, low sugar tolerance and an antemortem temperature of 107.5°. The roentgen-ray of the skull showed a small sella turcica. At autopsy the sella turcica was found to be small with the anterior and posterior clinoid processes underdeveloped. The pituitary body was present but underdeveloped. This showed the line of demarcation between the anterior and posterior lobes lost. Histologically numerous thin walled bloodvessels formed a plexus surrounding strands of polyhedral cells arranged in three or four rows. These cells were of the usual two types found in this gland, and they intermingled without definite arrangement or regularity, the "chief" cells being far more numerous. Here and there were a few follicles lined by low columnar epithelium. There was an abundance of loose connective tissue.

Amyotonia Congenita.—HOLMES (*Am. Jour. Dis. Children,* November, 1920) reports a case which conforms in all the essential details to the condition described by Oppenheim. The condition was present at birth. There was no permanent improvement, and the child died of the